HRSD

Cleaning wastewater every day for a better Bay.

February 6, 2012

HAND-DELIVERED

Deanna Austin
Dept of Environmental Quality
5636 Southern Blvd
Virginia Beach, VA 23462

RE: Nansemond STP VA0081299 VPDES Permit Application

Dear Mrs. Austin,

Enclosed is the Nansemond STP VPDES permit application package along with a disk containing a copy of the contents of the package. In addition to the required DEQ forms, HRSD has included an attachment to summarize the results of the acute toxicity tests conducted during the current permit cycle. None of the tests indicated potential for toxicity in the receiving waters.

The expanded effluent testing required for Part D of the application resulted in quantifiable concentrations for dissolved zinc, chlorodibromomethane, chloroform, and dichlorobromomethane. However, a review of the wasteload allocations showed no reasonable potential to exceed the water quality standards within the receiving waters. A summary is included in the toxicity data review attachment.

Please contact me immediately if you have any questions or desire supplemental information.

Sincerely,

James J. Pletl, Ph.D.
Director of Water Quality

Enclosures

Water Quality Department • PO Box 5911, Virginia Beach, VA 23471-0911 • 757.460.7004 • Fax 757.318.6452

PLANT TOXICITY TEST DATA REVIEW

HRSD has completed acute monitoring required of the permit and permit application. Chronic testing is not required for this permit. The results of acute monitoring are as follows:

Date(s)	Species	LC50 (%)	TU_a	Survival
9/19/08	A.bahia	> 11.2	< 8.9	100
9/19/08	C. variegatus	> 11.2	< 8.9	100
8/14/09	A.bahia	> 11.2	< 8.9	100
8/14/09	C. variegatus	> 11.2	< 8.9	100
11/19/10	A.bahia	> 11.2	< 8.9	100
11/19/10	C. variegatus	> 11.2	< 8.9	100
12/03/11	A.bahia	> 11.2	< 8.9	100
12/03/11	C. variegatus	> 11.2	< 8.9	100

The decision criterion of the current permit requires that the acute LC50 for these tests must be greater than 5% effluent with a Toxic Unit equivalency (TU_a) of ≤ 20. The 5% effluent acute decision criterion was based on an estimate of initial dilution of 73:1. This requirement has been met in every case.

PLANT TOXICS DATA REVIEW

The final effluent data collected for the Nansemond Plant's 2012 VPDES permit application did not yield quantifiable concentrations of metals or organics with the exception of those listed in the table below. These results are more than two orders of magnitude below the identified wasteload allocations, indicating that the facility's discharge does not have reasonable potential to violate the respective water quality standards. Therefore, limits for these parameters will not be required.

Parameter	Average Concentration (ppb)	Maximum Concentration (ppb)	Most limiting Wasteload Allocation[1] (ppb)
Zinc, dissolved	17	20	6.6×10^3
Chlorodibromomethane	8.3	24.9	7.8×10^4
Chloroform	11.4	34.2	6.6×10^6
Dichlorobromomethane	11.1	33.2	1×10^5

[1] Wasteload Allocations based on information provided in the Fact Sheet for the current permit.

AUTHORIZATION TO BILL APPLICANT FOR A PUBLIC NOTICE FOR HRSD-NANSEMOND STP RE: PERMIT NO. VA0081299

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in the: VIRGINIAN PILOT

Agent/Department to be billed: Hampton Roads Sanitation District

James Pletl – WQ Dept

Applicant's Address: 1436 Air Rail Avenue

Virginia Beach, VA 23455

Agent's Telephone No: 757-460-4246

I AM ALSO AUTHORIZING THE VIRGINIAN PILOT TO SEND THE AFFIDAVIT TO:

DEQ TIDEWATER REGIONAL OFFICE
DEANNA AUSTIN
5636 SOUTHERN BOULEVARD
VIRGINIA BEACH, VA 23462

Authorizing Agent/Date Signed: James J. Pletl February 6, 2012
Print Name/Date Signed

Authorizing Agent's Signature: Signature

Authorizing Agent's E-Mail Address: jpletl@hrsd.com

RETURN COMPLETED FORM TO: DEQ – Tidewater Regional Office
Deanna Austin
5636 Southern Boulevard
Virginia Beach, VA 23462

Cc: **(DEQ ECM FILE)**

VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee

Facility Name: HRSD-Nansemond STP

Permit Number: VA0081299

Tax Payer ID (Federal Identification Number): 54-1661753

Social Security Number if no Tax Payer ID:

Person / Organization to be billed: Hampton Roads Sanitation District

Billing Address: 1436 Air Rail Avenue

Virginia Beach, VA 23455

Billing Contact Name: James Pletl

Title: Director of Water Quality

Phone Number: 757-460-4246

E-Mail Address: jpletl@hrsd.com

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Hampton Roads Sanitation District

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☒ No ☐

3. **Provide the tax map parcel number for the land where the discharge is located.** 6*ID

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** none

5. **What is the design average effluent flow of this facility?** 30 MGD
   For industrial facilities, provide the max. 30-day average production level, include units:

   In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒
   If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
   Domestic and industrial

   80 % of flow from domestic connections/sources
   Number of private residences to be served by the treatment works: Population 197,608

   20 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal
   Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
   ____ Permanent stream, never dry
   ____ Intermittent stream, usually flowing, sometimes dry
   ____ Ephemeral stream, wet-weather flow, often dry
   ____ Effluent-dependent stream, usually or always dry without effluent flow
   ____ Lake or pond at or below the discharge point
   ☒ Other: James River

9. **Approval Date(s):**
   O & M Manual 10/25/2011 **Sludge/Solids Management Plan** 11/29/2007

   Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F			D
1	2 — 13	14	15

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms.**

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X (16)	(17)	X (18)	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	(19)	X (20)	(21)
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	(22)	X (23)	(24)	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	(25)	X (26)	(27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X (28)	(29)	(30)	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	(31)	X (32)	(33)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	(34)	X (35)	(36)	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	(37)	X (38)	(39)
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	(40)	X (41)	(42)	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	(43)	X (44)	(45)

III. NAME OF FACILITY

C		
1	SKIP	HRSD-NANSEMOND STP
15	16 - 29	30 — 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
JAMIE MITCHELL CHIEF OF TECHNICAL SERVICES DIVISION	(757) 460-4220
16 — 45	46 — 48 | 49 — 51 | 52 — 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C	
3	1436 AIR RAIL AVENUE
15	16 — 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
VIRGINIA BEACH	VA	23455
16 — 40	41 — 42	47 — 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C	
5	6909 ARMSTEAD ROAD
15	16 — 45

B. COUNTY NAME

46 — 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
SUFFOLK	VA	23435	
16 — 40	41 — 42	47 — 51	52 — 54

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4952 (specify) WASTEWATER TREATMENT	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME

HAMPTON ROADS SANITATION DISTRICT

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

M (specify) POLITICAL SUBDIVISION OF STATE

D. PHONE *(area code & no.)*

A (757) 460-4246

E. STREET OR P.O. BOX

1436 AIR RAIL AVENUE

F. CITY OR TOWN

VIRGINIA BEACH

G. STATE

VA

H. ZIP CODE

23455

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N VA0081299	9 P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
9 U	9 60971 (specify) AIR
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)*
9 R VAD000765446	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

FACILITY PROVIDES SECONDARY WASTEWATER TREATMENT. RECEIVES FLOW FROM PARTS OF CHESAPEAKE, SUFFOLK, ISLE OF WIGHT COUNTY, PORTSMOUTH, AND SMITHFIELD.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
EDWARD G. HENIFIN GENERAL MANAGER	[signature]	2/6/2012

COMMENTS FOR OFFICIAL USE ONLY

C

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

RECEIVED – DEQ
FEB 0 6 2012
Tidewater Regional Office

Facility name: HRSD-Nansemond STP
Mailing Address: 1436 Air Rail Avenue
Virginia Beach, VA 23455
Contact person: Jamie Mitchell
Title: Chief of Technical Services Division
Telephone number: (757) 460-4220
Facility Address (not P.O. Box): 6909 Armstead Road
Suffolk, VA 23435

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Hampton Roads Sanitation District
Mailing Address: 1436 Air Rail Avenue
Virginia Beach, VA 23455
Contact person: Jamie Mitchell
Title: Chief of Technical Services Division
Telephone number: (757) 460-4220

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES: VA0081299
UIC:
RCRA: VAD000765446
PSD:
Other: DEQ Air 60971
Other:

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Chesapeake	79720	separate	municipal/HRSD
Portsmouth	25561	separate	municipal/HRSD
Suffolk	80738	separate	municipal/HRSD

Total population served 197608

Isle of Wight County pop. 5000 Town of Smithfield pop. 6589 separate collection systems

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 30 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	18.28	16.75	15.88	mgd
c. Maximum daily flow rate	30.37	28.63	22.08	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent _____
iii. Combined sewer overflow points _____
iv. Constructed emergency overflows (prior to the headworks) _____
v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method ____ continuous or ____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location: Suffolk (City or town, if applicable) Virginia (Zip Code)

(County) 36 56' 00" (Latitude) 76 23' 44" (State) (Longitude)

c. Distance from shore (if applicable): 13500 ft.

d. Depth below surface (if applicable): 24 ft.

e. Average daily flow rate: 15.88 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ✓ Yes ____ No

A.10. Description of Receiving Waters.

a. Name of receiving water: James River

b. Name of watershed (if known): ____

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): ____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): ____

d. Critical low flow of receiving stream (if applicable):
acute not applicable cfs chronic not applicable cfs

e. Total hardness of receiving stream at critical low flow (if applicable): not applicable mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

_____ Primary _____ Secondary

_____ Advanced ✓ Other. Describe: biological nutrient removal

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	85	%
Design SS removal	85	%
Design P removal	75	%
Design N removal	82	%
Other _____	_____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

hypochlorite solution

If disinfection is by chlorination, is dechlorination used for this outfall? ✓ Yes _____ No

d. Does the treatment plant have post aeration? _____ Yes ✓ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	s.u.			
pH (Maximum)	7.4	s.u.			
Flow Rate	22.08	MGD	15.88	MGD	continuous
Temperature (Winter)	20	Celsius	16	Celsius	90
Temperature (Summer)	30	Celsius	28	Celsius	92

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		Report Limit
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	10	mg/l	5	mg/l	256	SM5210B	2
	CBOD-5							
FECAL COLIFORM		1000	NCML	4	NCML	52	SM 9222D	1
TOTAL SUSPENDED SOLIDS (TSS)		18	mg/l	6.8	mg/l	260	SM2540D	1.0

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Report Limit is lowest concentration at which quantitation is demonstrated.

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day)

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

unknown gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

HRSD is currently under DEQ Consent Order with localities to reduce I/I. HRSD is also under an EPA Consent Decree for upgrading the interceptor system

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

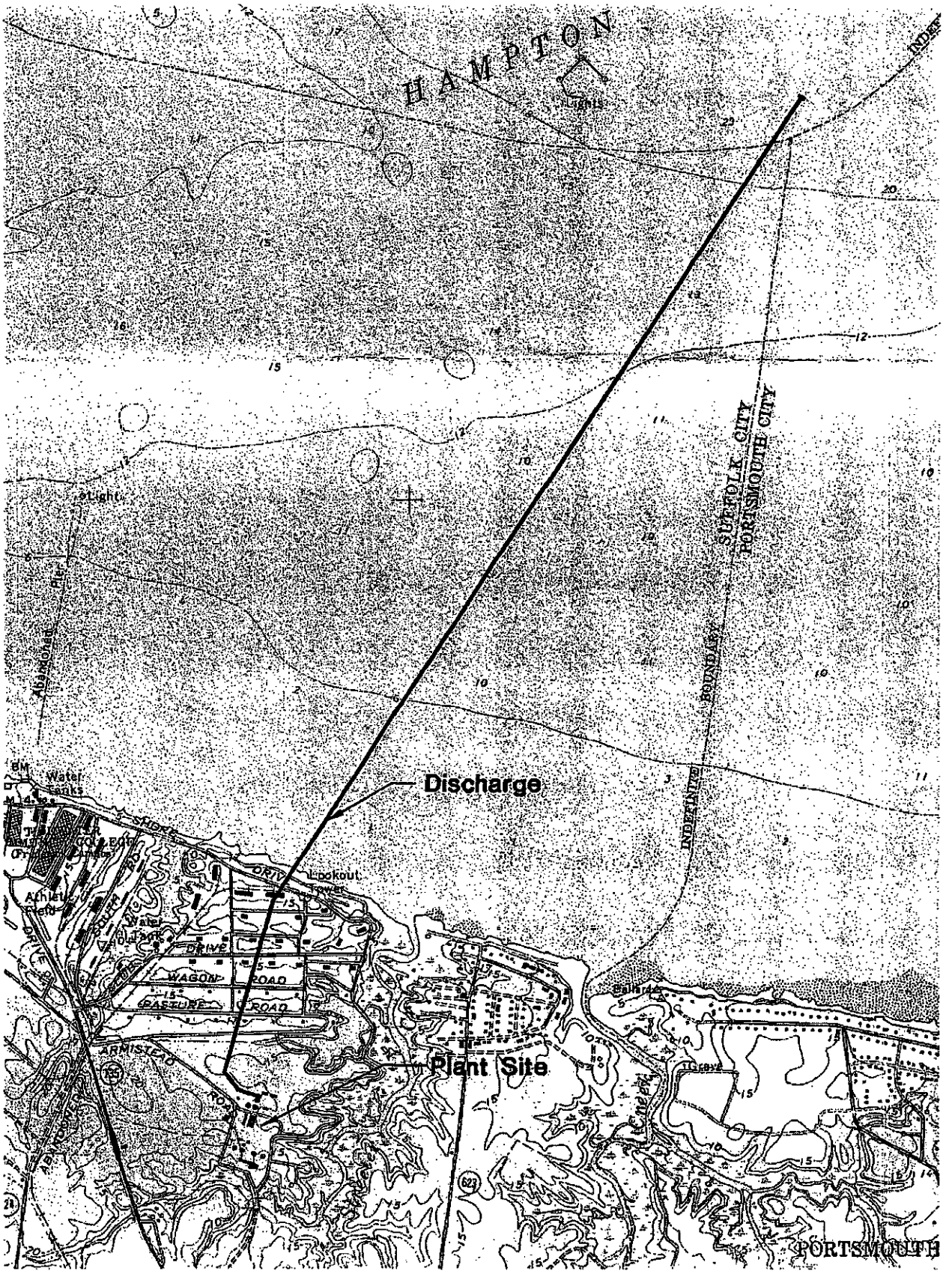
B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

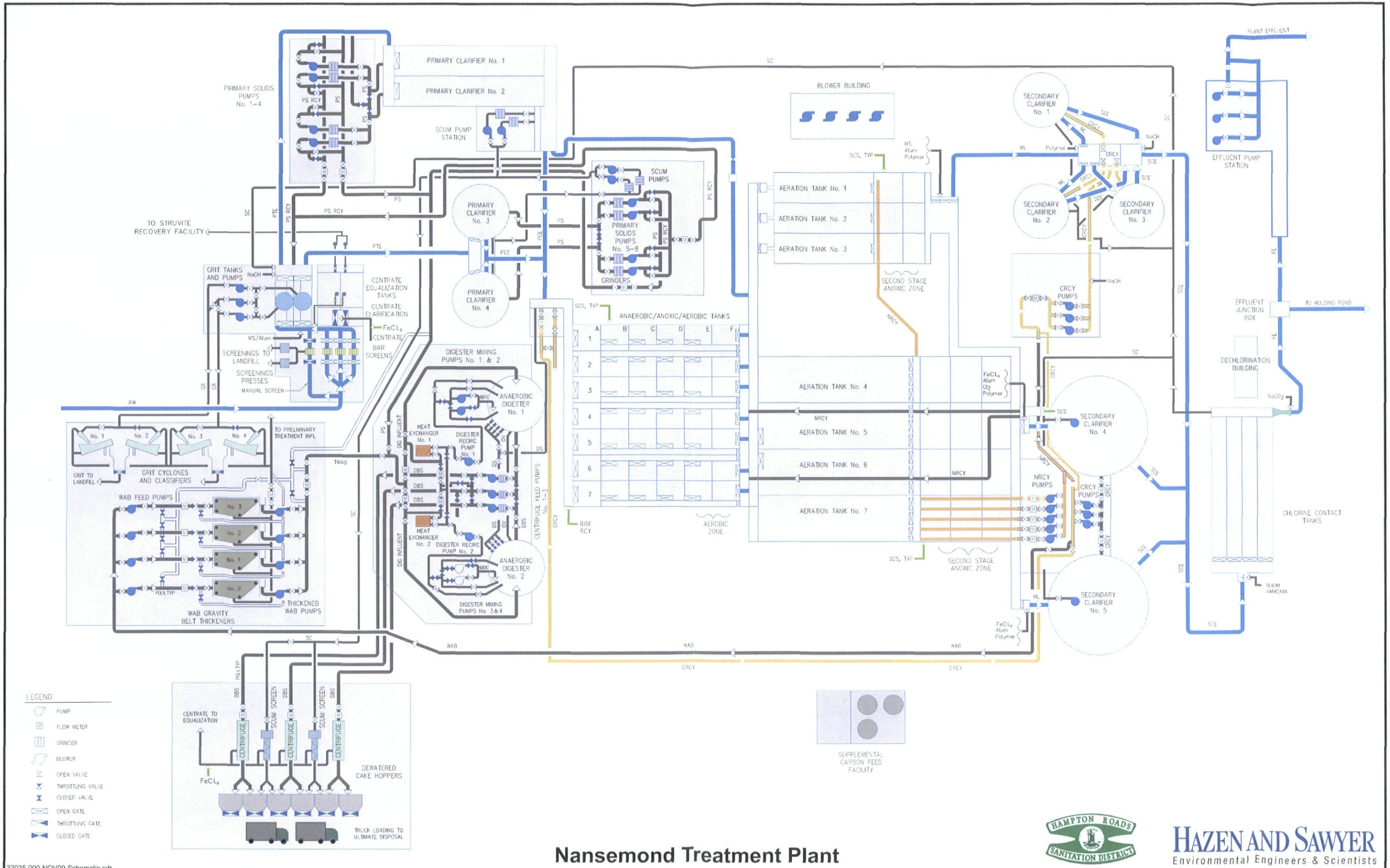
b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No



Location Map
for
Nansemond TP

June 2003 **Scale: 1"-2000'** **USGS Map Reference**



Nansemond Treatment Plant

HAMPTON ROADS SANITATION DISTRICT

HAZEN AND SAWYER
Environmental Engineers & Scientists

32035-000-NOV09-Schematic.cdr

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	Report Limit
	Conc.	Units	Conc.	Units	Number of Samples		ML / MDL
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	20.6	mg/l	13.3	mg/l	3	EPA 350.1	0.20
CHLORINE (TOTAL RESIDUAL, TRC)	0.16	mg/l	0.01	mg/l	365	SM4500 Cl G	0.10
DISSOLVED OXYGEN	7.6	mg/l	6.5	mg/l	3	YSI	0.1
TOTAL KJELDAHL NITROGEN (TKN)	8.8	mg/l	2.2	mg/l	208	EPA 351.2	0.50
NITRATE PLUS NITRITE NITROGEN	9.8	mg/l	4.4	mg/l	208	EPA 353.2	0.20
OIL and GREASE	<5.0	mg/l	<5.0	mg/l	3	EPA 1664A	5.0
PHOSPHORUS (Total)	5.7	mg/l	1.1	mg/l	208	EPA 365.1	0.20
TOTAL DISSOLVED SOLIDS (TDS)	1050	mg/l	837	mg/l	3	SM2540C	1
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Report Limit is concentration at which quantitation is demonstrated.

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

✓ Part D (Expanded Effluent Testing Data)

✓ Part E (Toxicity Testing: Biomonitoring Data)

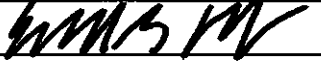
✓ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Edward G. Henifin, P.E. General Manager

Signature: 

Telephone number: (757) 460-4242

Date signed: 2/6/2012

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	Report Limit MU/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY dissolved	<80	ug/l			<80	ug/l			3	EPA 200.7	80
ARSENIC dissolved	<60	ug/l			<60	ug/l			3	EPA 200.7	60
BERYLLIUM dissolved	<2	ug/l			<2	ug/l			3	EPA 200.8	2
CADMIUM dissolved	<5	ug/l			<5	ug/l			3	EPA 200.7	5
CHROMIUM dissolved	<2	ug/l			<2	ug/l			3	EPA 200.8	2
COPPER dissolved	<5	ug/l			<5	ug/l			3	EPA 200.7	5
LEAD dissolved	<20	ug/l			<20	ug/l			3	EPA 200.7	20
MERCURY dissolved	<0.1	ug/l			<0.1	ug/l			3	EPA 245.1	0.1
NICKEL dissolved	<5	ug/l			<5	ug/l			3	EPA 200.8	5
SELENIUM dissolved	<5	ug/l			<5	ug/l			3	EPA 200.8	5
SILVER dissolved	<2	ug/l			<2	ug/l			3	EPA 200.8	2
THALLIUM dissolved	<40	ug/l			<40	ug/l			3	EPA 200.7	40
ZINC dissolved	20	ug/l			17	ug/l			3	EPA 200.7	15
CYANIDE total	<10	ug/l			<10	ug/l			3	EPA 335.4	10
TOTAL PHENOLIC COMPOUNDS	<50	ug/l			<50	ug/l			3	EPA 420.4	50
HARDNESS (AS $CaCO_3$)	74.8	CaCO3			65.8	CaCO3			3	SM2340B	0.2
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

Report Limit is lowest concentration at which quantitation is demonstrated

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	Report Limit ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	<50.0	ug/l			<50.0	ug/l			3	EPA 624	50.0
ACRYLONITRILE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
BENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
BROMOFORM	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
CARBON TETRACHLORIDE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
CLOROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
CHLORODIBROMO-METHANE	24.9	ug/l			8.3	ug/l			3	EPA 624	10.0
CHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
2-CHLORO-ETHYLVINYL ETHER	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
CHLOROFORM	34.2	ug/l			11.4	ug/l			3	EPA 624	10.0
DICHLOROBROMO-METHANE	33.2	ug/l			11.1	ug/l			3	EPA 624	10.0
1,1-DICHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,2-DICHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
TRANS-1,2-DICHLORO-ETHYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,1-DICHLOROETHYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,2-DICHLOROPROPANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,3-DICHLORO-PROPYLENE	<20.0	ug/l			<20.0	ug/l			3	EPA 624	20.0
ETHYLBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
METHYL BROMIDE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
METHYL CHLORIDE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
METHYLENE CHLORIDE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,1,2,2-TETRACHLORO-ETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
TETRACHLORO-ETHYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
TOLUENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0

Report Limit is lowest concentration at which quantitation is demonstrated

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
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Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	Report Limit ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,1,2-TRICHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
TRICHLORETHYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
VINYL CHLORIDE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2-CHLOROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,4-DICHLOROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,4-DIMETHYLPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
4,6-DINITRO-O-CRESOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,4-DINITROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2-NITROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
4-NITROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
PENTACHLOROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
PHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,4,6-TRICHLOROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
ACENAPHTHYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
ANTHRACENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BENZIDINE	<5.00	ug/l			<5.00	ug/l			3	EPA 625	5.00
BENZO(A)ANTHRACENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BENZO(A)PYRENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0

Report Limit is lowest concentration at which quantitation is demonstrated

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	Report Limit ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BENZO(GHI)PERYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BENZO(K)FLUORANTHENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BIS (2-CHLOROETHOXY) METHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BIS (2-CHLOROETHYL)-ETHER	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BIS (2-CHLOROISO-PROPYL) ETHER	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BIS (2-ETHYLHEXYL) PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
4-BROMOPHENYL PHENYL ETHER	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BUTYL BENZYL PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2-CHLORONAPHTHALENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
4-CHLORPHENYL PHENYL ETHER	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
CHRYSENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
DI-N-BUTYL PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
DI-N-OCTYL PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
DIBENZO(A,H) ANTHRACENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
1,2-DICHLOROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,3-DICHLOROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,4-DICHLOROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
3,3-DICHLOROBENZIDINE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
DIETHYL PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
DIMETHYL PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,4-DINITROTOLUENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,6-DINITROTOLUENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
1,2-DIPHENYLHYDRAZINE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0

Report Limit is lowest concentration at which quantitation is demonstrated

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	Report Limit ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
FLUORENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
HEXACHLOROBENZENE	<2.00	ug/l			<2.00	ug/l			3	EPA 625	2.00
HEXACHLOROBUTADIENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
HEXACHLOROCYCLO-PENTADIENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
HEXACHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
INDENO(1,2,3-CD)PYRENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
ISOPHORONE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
NAPHTHALENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
NITROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
N-NITROSODI-N-PROPYLAMINE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
N-NITROSODI- METHYLAMINE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
N-NITROSODI-PHENYLAMINE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
PHENANTHRENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
PYRENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
1,2,4-TRICHLOROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Report Limit is lowest concentration at which quantitation is demonstrated

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do *not include information on combined sewer overflows in this section.* All *information reported must be based on data collected through* analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic 8 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___Yes ✓ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

10/24/2008, 10/2/2009, 12/21/2010, 12/27/2011

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)
All tests met the water quality based decision criterion of acute LC50 >3% effluent.
See attachment 1 for more information.

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 4

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Astro Pak Corporation

Mailing Address: 1624 Steel Street
Chesapeake VA 23323

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Cleaning and passivation of stainless steel components

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): None

Raw material(s): NA

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

185 gpd (___continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

150 gpd (___continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards X Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

Metal finishing

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

___Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
___Yes X No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___Yes (complete F.13 through F.15.) X No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___Yes ___No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___Continuous ___Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes ___ No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 4

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Wanchese Fish Company, Incorporated

Mailing Address: 2000 Northgate Commerce Parkway
Suffolk VA 23435

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Seafood processing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Packaged frozen food

Raw material(s): Scallops and shrimp

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

39340 gpd (___ continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

45600 gpd (X continuous or ___ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
____Yes _X_No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) _X_No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. *Is this waste treated (or will it be treated) prior to entering the treatment works?*

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 4

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: SPSA Regional Landfill

Mailing Address: 723 Woodlake Drive
Chesapeake VA 23320

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Regional sanitary landfill

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): None

Raw material(s): NA

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

38081 gpd (___ continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

680 gpd (___ continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
____Yes _X_No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) _X_No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Nansemond STP VA0081299

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OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes ___ No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 4

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Smithfield Packing Co., Inc./ Gwaltney of Smithfield Ltd.

Mailing Address: 501 N. Church Street
Smithfield VA 23430

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Pork processing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Pork products

Raw material(s): Hogs

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2369090 gpd (X continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

160860 gpd (X continuous or ___ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

___Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
___Yes X No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___Yes (complete F.13 through F.15.) X No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___Yes ___No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___Continuous ___Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Nansemond STP VA0081299

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 4

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Planters Company/ Kraft Foods N.A., Inc.

Mailing Address: 245 Culloden Street
Suffolk VA 23434

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Peanut related products processing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Peanut and treenut products

Raw material(s): Peanuts/ treenuts, xanthan gum, honey, corn syrup, peanut oil, salt and sugar

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

33000 gpd (___continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

11500 gpd (___continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
____Yes X No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) X No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Nansemond STP VA0081299

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 4

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: U.S. Amines (Portsmouth) LLC

Mailing Address: 3230 West Norfolk Road
Portsmouth VA 23703

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Organic chemicals manufacturing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): MALA, DALA, TALA, NEMALA and Diamine

Raw material(s): Allyl chloride, ammonia, methallyl chloride, monoethylamine, tertiarybutylamine, ethylene dichloride and water

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

180000 gpd (___ continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

26500 gpd (___ continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards X Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

Organic chemicals manufacturing - Bulk organic chemicals

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

___Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
___Yes X No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___Yes (complete F.13 through F.15.) X No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___Yes ___No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___Continuous ___Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Nansemond STP VA0081299

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 4

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: CIBA Specialty Chemicals Corporation

Mailing Address: 2301 Wilroy Road PO Box 820
Suffolk VA 23439-0820

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Organic chemicals manufacturing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Liquid dispersions & emulsions, polymers, dispex products and glascol products

Raw material(s): Acrylamide, caustic soda, acrylonitrile, FA1Q80MC*130, m DADMAC monomer and glacial acrylic acid

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

96354 gpd (X continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

72157 gpd (X continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards X Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

Organic chemicals manufacturing - Bulk organic chemicals

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

___Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
___Yes _X_No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___Yes (complete F.13 through F.15.) _X_No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___Yes ___No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___Continuous ___Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 4

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: BASF Corporation

Mailing Address: 3340 West Norfolk Road
Portsmouth VA 23703

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Organics chemicals manufacturing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Polyacrylate

Raw material(s): Acrylic acid, sodium acrylate and sodium hydroxide

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

36859 gpd (___ continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

5000 gpd (___ continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards X Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

Organics chemicals manufacturing - Specialty organic chemicals

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
____Yes X No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) X No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location

_____ _____
(City or town, if applicable) (Zip Code)

_____ _____
(County) (State)

_____ _____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM 2F NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
002	36	53	45	76	25	58	Streeter Creek
003	36	53	40	76	25	53	Streeter Creek
004	36	53	42	76	25	44	Streeter Creek
005	36	53	49	76	25	38	Streeter Creek
006	36	53	58	76	25	32	Streeter Creek
007	36	53	40	76	25	48	Streeter Creek

007 was not previously listed because it was believed to only drain into plant drain system. However, it has capability to be diverted to Streeter Creek. See attached map.

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

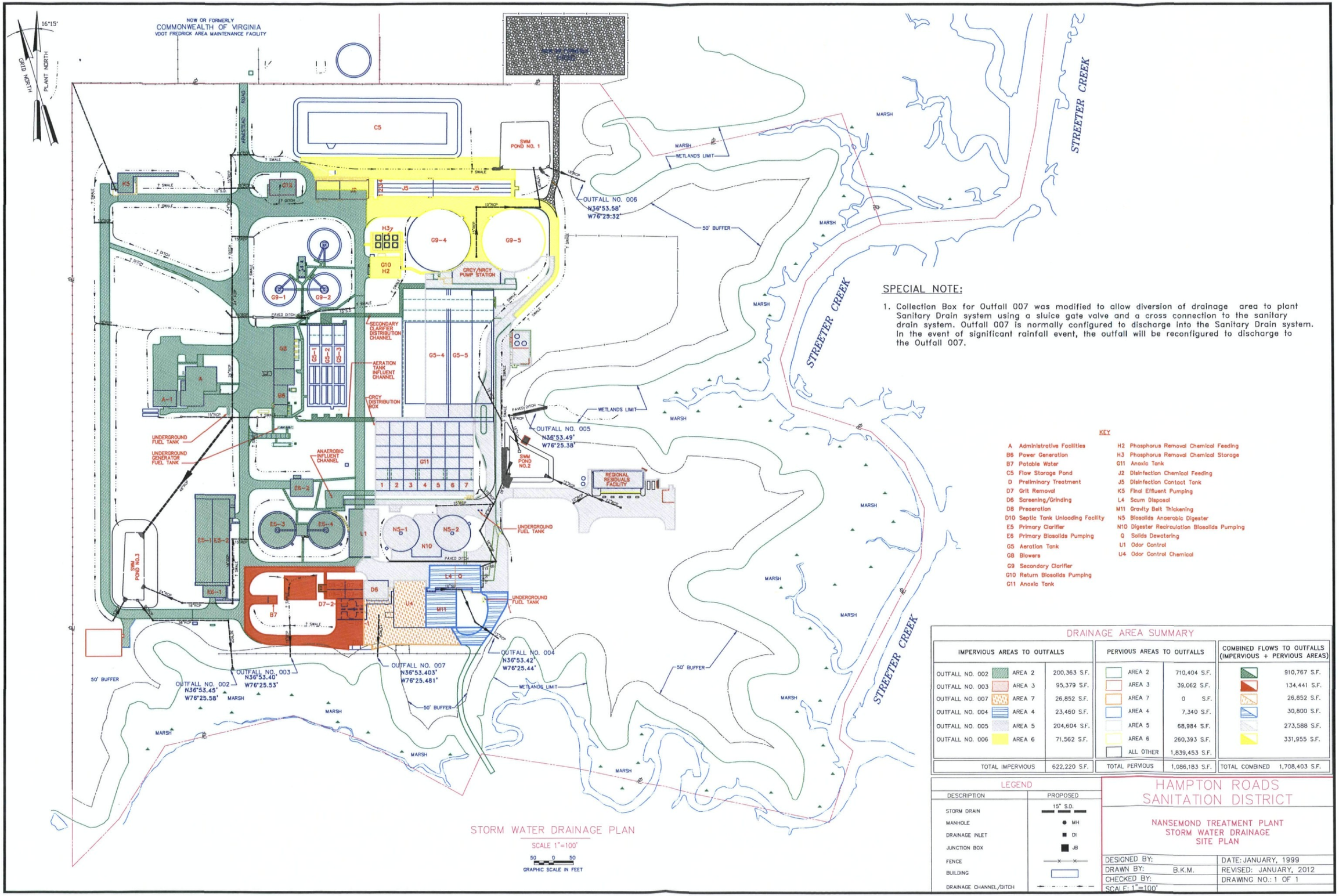
1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
None					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continue on Page 2



STORM WATER DRAINAGE PLAN

SCALE 1"=100'

50 0 50

GRAPHIC SCALE IN FEET

SPECIAL NOTE:

1. Collection Box for Outfall 007 was modified to allow diversion of drainage area to plant Sanitary Drain system using a sluice gate valve and a cross connection to the sanitary drain system. Outfall 007 is normally configured to discharge into the Sanitary Drain system. In the event of significant rainfall event, the outfall will be reconfigured to discharge to the Outfall 007.

KEY

A	Administrative Facilities	H2	Phosphorus Removal Chemical Feeding
B6	Power Generation	H3	Phosphorus Removal Chemical Storage
B7	Potable Water	G11	Anoxic Tank
C5	Flow Storage Pond	J2	Disinfection Chemical Feeding
D	Preliminary Treatment	J5	Disinfection Contact Tank
D7	Grit Removal	K5	Final Effluent Pumping
D6	Screening/Grinding	L4	Scum Disposal
D8	Preaeration	M11	Gravity Belt Thickening
D10	Septic Tank Unloading Facility	N5	Biosolids Anaerobic Digester
E5	Primary Clarifier	N10	Digester Recirculation Biosolids Pumping
E6	Primary Biosolids Pumping	Q	Solids Dewatering
G5	Aeration Tank	U1	Odor Control
G8	Blowers	U4	Odor Control Chemical
G9	Secondary Clarifier		
G10	Return Biosolids Pumping		
G11	Anoxic Tank		

DRAINAGE AREA SUMMARY

IMPERVIOUS AREAS TO OUTFALLS			PERVIOUS AREAS TO OUTFALLS		COMBINED FLOWS TO OUTFALLS (IMPERVIOUS + PERVIOUS AREAS)	
OUTFALL NO. 002	AREA 2	200,363 S.F.	AREA 2	710,404 S.F.		910,767 S.F.
OUTFALL NO. 003	AREA 3	95,379 S.F.	AREA 3	39,062 S.F.		134,441 S.F.
OUTFALL NO. 007	AREA 7	26,852 S.F.	AREA 7	0 S.F.		26,852 S.F.
OUTFALL NO. 004	AREA 4	23,460 S.F.	AREA 4	7,340 S.F.		30,800 S.F.
OUTFALL NO. 005	AREA 5	204,604 S.F.	AREA 5	68,984 S.F.		273,588 S.F.
OUTFALL NO. 006	AREA 6	71,562 S.F.	AREA 6	260,393 S.F.		331,955 S.F.
			ALL OTHER	1,839,453 S.F.		
TOTAL IMPERVIOUS		622,220 S.F.	TOTAL PERVIOUS	1,086,183 S.F.	TOTAL COMBINED	1,708,403 S.F.

LEGEND

DESCRIPTION	PROPOSED
STORM DRAIN	15" S.D.
MANHOLE	MH
DRAINAGE INLET	DI
JUNCTION BOX	JB
FENCE	
BUILDING	
DRAINAGE CHANNEL/DITCH	

HAMPTON ROADS SANITATION DISTRICT

NANSEMOND TREATMENT PLANT
STORM WATER DRAINAGE
SITE PLAN

DESIGNED BY:	DATE: JANUARY, 1999
DRAWN BY: B.K.M.	REVISED: JANUARY, 2012
CHECKED BY:	DRAWING NO.: 1 OF 1
SCALE: 1"=100'	

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of imperious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*	Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*
002	200,363 square feet	910,767 s.f	005	204,604 square feet	273,588 s.f.
003	95,379 square feet	134,441 s.f.	006	71,562 square feet	331,955 s.f.
004	23,460 square feet	30,800 s.f.	007	26,852 square feet	26,852 s.f.

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Significant materials potentially present on the plant site include ferric chloride, hypochlorite, sodium bisulfite, fuels, glycerol, methanol, struvite, and polymers. They are managed in accordance with storm water pollution prevention plan. Storage of all materials is accomplished in one of two scenarios:

1. Inside of building having drain systems connected to plant.
2. Outside storage areas having containment areas and sump pumps.

Fuels are contained in double-walled underground storage tanks with release detection systems.
Plant has submitted no exposure certification with this application.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
All outfalls	Each drainage area has containment around each potential pollutant material. Good housekeeping procedures are employed at all sites. Biosolids are transported from dewatering building to offsite for treatment.	

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title *(type or print)*	Signature	Date Signed
Edward G. Henifin, General Manager		2/6/2012

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Careful analysis of accurate schematics and annual visual inspections during dry weather conditions. Periodic inspections of outfalls conducted as outlined in storm water pollution prevention plan.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

March 5, 2009 - <10,000 gallons of fully treated final effluent into James River and ground
June 25, 2010 - 35 gallons of wastewater soaked into ground
December 19, 2010 - 8 gallons of wastewater soaked into ground
December 23, 2010- 4229 gallons of ferric chloride solution soaked into ground
June 12, 2011 - 1900 gallons of wastewater soaked into ground
November 20, 2011 - 250 gallons of wastewater soaked into ground

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes *(list all such pollutants below)* ☑ No *(go to Section IX)*

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes *(list all such pollutants below)* ☑ No *(go to Section IX)*

IX. Contract Analysis Information

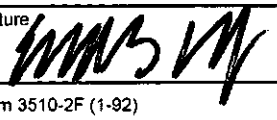
Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☐ Yes *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☑ No *(go to Section X)*

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title *(Type Or Print)*	B. Area Code and Phone No.
Edward G. Henifin, P.E. General Manager	(757) 460-4242
C. Signature 	D. Date Signed 2/6/2012

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)* 002

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	2 mg/l	2 mg/l	2 mg/l	2 mg/l	1	
Chemical Oxygen Demand (COD)	145 mg/l	132 mg/l	145mg/l	132 mg/l	1	
Total Suspended Solids (TSS)	96 mg/l	97 mg/l	96 mg/l	97 mg/l	1	
Total Nitrogen	1.14 mg/l	1.17 mg/l	1.14 mg/l	1.17 mg/l	1	
Total Phosphorus	0.64 mg/l	0.59 mg/l	0.64 mg/l	0.59 mg/l	1	
pH	Minimum 7.8	Maximum 7.7	Minimum 7.8	Maximum 7.7	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Ortho-P	0.19 mg/l	0.21 mg/l	0.19 mg/l	0.21 mg/l	1	
Fecal coliform	84	NA	84	NA	1	
Enterococcus	96	NA	96	NA	1	
TRC	0.0 mg/l	NA	0.0 mg/l	NA	1	

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge Information *(Continued from page 3 of Form 2F)* 003

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	2 mg/l	2 mg/l	2 mg/l	2 mg/l	1	
Chemical Oxygen Demand (COD)	145 mg/l	132 mg/l	145mg/l	132 mg/l	1	
Total Suspended Solids (TSS)	96 mg/l	97 mg/l	96 mg/l	97 mg/l	1	
Total Nitrogen	1.14 mg/l	1.17 mg/l	1.14 mg/l	1.17 mg/l	1	
Total Phosphorus	0.64 mg/l	0.59 mg/l	0.64 mg/l	0.59 mg/l	1	
pH	Minimum 7.8	Maximum 7.7	Minimum7.8	Maximum 7.7	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Ortho-P	0.19 mg/l	0.21 mg/l	0.19 mg/l	0.21 mg/l	1	
Fecal coliform	84	NA	84	NA	1	
Enterococcus	96	NA	96	NA	1	
TRC	0.0 mg/l	NA	0.0 mg/l	NA	1	

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)* 004

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	2 mg/l	2 mg/l	2 mg/l	2 mg/l	1	
Chemical Oxygen Demand (COD)	145 mg/l	132 mg/l	145mg/l	132 mg/l	1	
Total Suspended Solids (TSS)	96 mg/l	97 mg/l	96 mg/l	97 mg/l	1	
Total Nitrogen	1.14 mg/l	1.17 mg/l	1.14 mg/l	1.17 mg/l	1	
Total Phosphorus	0.64 mg/l	0.59 mg/l	0.64 mg/l	0.59 mg/l	1	
pH	Minimum 7.8	Maximum 7.7	Minimum7.8	Maximum 7.7	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Ortho-P	0.19 mg/l	0.21 mg/l	0.19 mg/l	0.21 mg/l	1	
Fecal coliform	84	NA	84	NA	1	
Enterococcus	96	NA	96	NA	1	
TRC	0.0 mg/l	NA	0.0 mg/l	NA	1	

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge Information *(Continued from page 3 of Form 2F)* 005

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	2 mg/l	2 mg/l	2 mg/l	2 mg/l	1	
Chemical Oxygen Demand (COD)	145 mg/l	132 mg/l	145mg/l	132 mg/l	1	
Total Suspended Solids (TSS)	96 mg/l	97 mg/l	96 mg/l	97 mg/l	1	
Total Nitrogen	1.14 mg/l	1.17 mg/l	1.14 mg/l	1.17 mg/l	1	
Total Phosphorus	0.64 mg/l	0.59 mg/l	0.64 mg/l	0.59 mg/l	1	
pH	Minimum 7.8	Maximum 7.7	Minimum7.8	Maximum 7.7	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Ortho-P	0.19 mg/l	0.21 mg/l	0.19 mg/l	0.21 mg/l	1	
Fecal coliform	84	NA	84	NA	1	
Enterococcus	96	NA	96	NA	1	
TRC	0.0 mg/l	NA	0.0 mg/l	NA	1	

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)* 006

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	2 mg/l	2 mg/l	2 mg/l	2 mg/l	1	
Chemical Oxygen Demand (COD)	145 mg/l	132 mg/l	145mg/l	132 mg/l	1	
Total Suspended Solids (TSS)	96 mg/l	97 mg/l	96 mg/l	97 mg/l	1	
Total Nitrogen	1.14 mg/l	1.17 mg/l	1.14 mg/l	1.17 mg/l	1	
Total Phosphorus	0.64 mg/l	0.59 mg/l	0.64 mg/l	0.59 mg/l	1	
pH	Minimum 7.8	Maximum 7.7	Minimum 7.8	Maximum 7.7	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Ortho-P	0.19 mg/l	0.21 mg/l	0.19 mg/l	0.21 mg/l	1	
Fecal coliform	84	NA	84	NA	1	
Enterococcus	96	NA	96	NA	1	
TRC	0.0 mg/l	NA	0.0 mg/l	NA	1	

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)* 007

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	2 mg/l	2 mg/l	2 mg/l	2 mg/l	1	
Chemical Oxygen Demand (COD)	145 mg/l	132 mg/l	145mg/l	132 mg/l	1	
Total Suspended Solids (TSS)	96 mg/l	97 mg/l	96 mg/l	97 mg/l	1	
Total Nitrogen	1.14 mg/l	1.17 mg/l	1.14 mg/l	1.17 mg/l	1	
Total Phosphorus	0.64 mg/l	0.59 mg/l	0.64 mg/l	0.59 mg/l	1	
pH	Minimum 7.8	Maximum 7.7	Minimum7.8	Maximum 7.7	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Ortho-P	0.19 mg/l	0.21 mg/l	0.19 mg/l	0.21 mg/l	1	
Fecal coliform	84	NA	84	NA	1	
Enterococcus	96	NA	96	NA	1	
TRC	0.0 mg/l	NA	0.0 mg/l	NA	1	

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
NA						

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
2/5/2011	135	0.52	240	10	880

7. Provide a description of the method of flow measurement or estimate.

ISCO 4250 Flowmeter (Area Velocity meter). Monitoring conducted at storm water outfall 005. The collected runoff is representative of that from all of the plant storm water outfalls.

VIRGINIA DEQ NO EXPOSURE CERTIFICATION
FOR EXCLUSION FROM VPDES STORM WATER PERMITTING

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9 VAC 25-31-120 E (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

1. **Facility Operator Information**

   Name: Hampton Roads Sanitation District

   Mailing Address: 1436 Air Rail Avenue

   City: Virginia Beach State: VA Zip: 23455 Phone: 757-460-2261

2. **Facility/Site Location Information**

   Facility Name: Nansemond STP

   Address: 6909 Armstead Road

   City: Suffolk State: VA Zip: 23435

   County Name:

   Latitude: 36 53' 30" Longitude: 75 25' 30"

3. **Was the facility or site previously covered under a VPDES storm water permit?** Yes ☑ No ☐

   If "Yes", enter the VPDES permit number: VA0081299

4. **SIC/Activity Codes:** Primary: 4952 Secondary (if applicable):

5. **Total size of facility/site associated with industrial activity:** 39.25 acres

6. **Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion?** Yes ☐ No ☑

   If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

   Less than one acre ☐ One to five acres ☐ More than five acres ☐

7. Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are <u>not</u> eligible for the No Exposure exclusion.**

	Yes	No
(1) Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water	☐	☑
(2) Materials or residuals on the ground or in storm water inlets from spill/leaks	☐	☑
(3) Materials or products from past industrial activity	☐	☑
(4) Material handling equipment (except adequately maintained vehicles)	☐	☑
(5) Materials or products during loading/unloading or transporting activities	☐	☑
(6) Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	☐	☑
(7) Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	☐	☑
(8) Materials or products handled/stored on roads or railways owned or maintained by the discharger	☐	☑
(9) Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	☐	☑
(10) Application or disposal of process wastewater (unless otherwise permitted)	☐	☑
(11) Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	☐	☑

8. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES storm water permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9 VAC 25-31-120 E 2).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of storm water associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Edward G. Henifin, P.E.

Print Title: General Manager

Signature: [signature]

Date: 2/6/2012

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: [signature] Date: 2/29/12

FACILITY NAME: Nansemond STP **VPDES PERMIT NUMBER:** VA0081299

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? _X_ Yes __ No

   Will this facility derive a material from sewage sludge? _X_ Yes __ No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __ Yes _X_ No

   Will sewage sludge from this facility be applied to the land? _X_ Yes __ No **as an alternative backup plan**

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __ Yes _X_ No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __ Yes _X_ No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? _X_ Yes __ No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __ Yes _X_ No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Nansemond STP
   b. Contact person: Jamie Mitchell
      Title: Chief of Technical Services Division
      Phone: (757)460-4220
   c. Mailing address:
      Street or P.O. Box: 1436 Air Rail Avenue
      City or Town: Virginia Beach State: VA Zip: 23455
   d. Facility location:
      Street or Route #: 6909 Armstead Road
      County:
      City or Town: Suffolk State: VA Zip: 23435
   e. Is this facility a Class I sludge management facility? X Yes __No
   f. Facility design flow rate: 30 mgd
   g. Total population served: 197608
   h. Indicate the type of facility:
      X Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: Hampton Roads Sanitation District
   b. Mailing address:
      Street or P.O. Box: 1436 Air Rail Avenue
      City or Town: Virginia Beach State: VA Zip: 23455
   c. Contact person: Jamie Mitchell
      Title: Chief of Technical Services Division
      Phone: (757)460-4220
   d. Is the applicant the owner or operator (or both) of this facility?
      X owner X operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility X applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0081299
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
VAD000765446	RCRA
60971	DEQ-Air Division

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? __Yes X No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

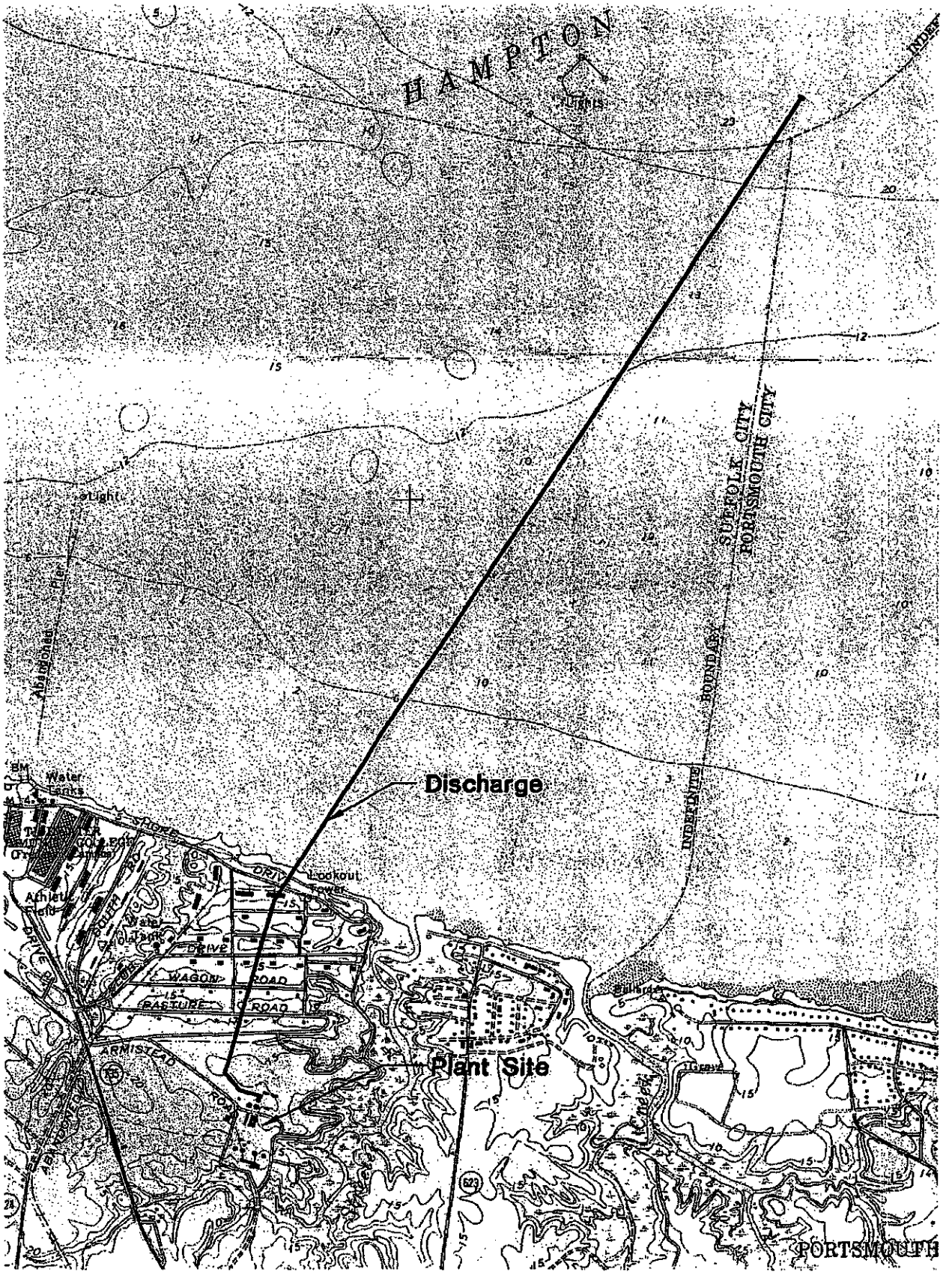
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes __X__No
   If yes, provide the following for each contractor (attach additional pages if necessary).
   Name: _____
   Mailing address:
   Street or P.O. Box: _____
   City or Town: _____State: Zip: _____
   Phone: _____
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s). _____

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. **See attached sheet.**

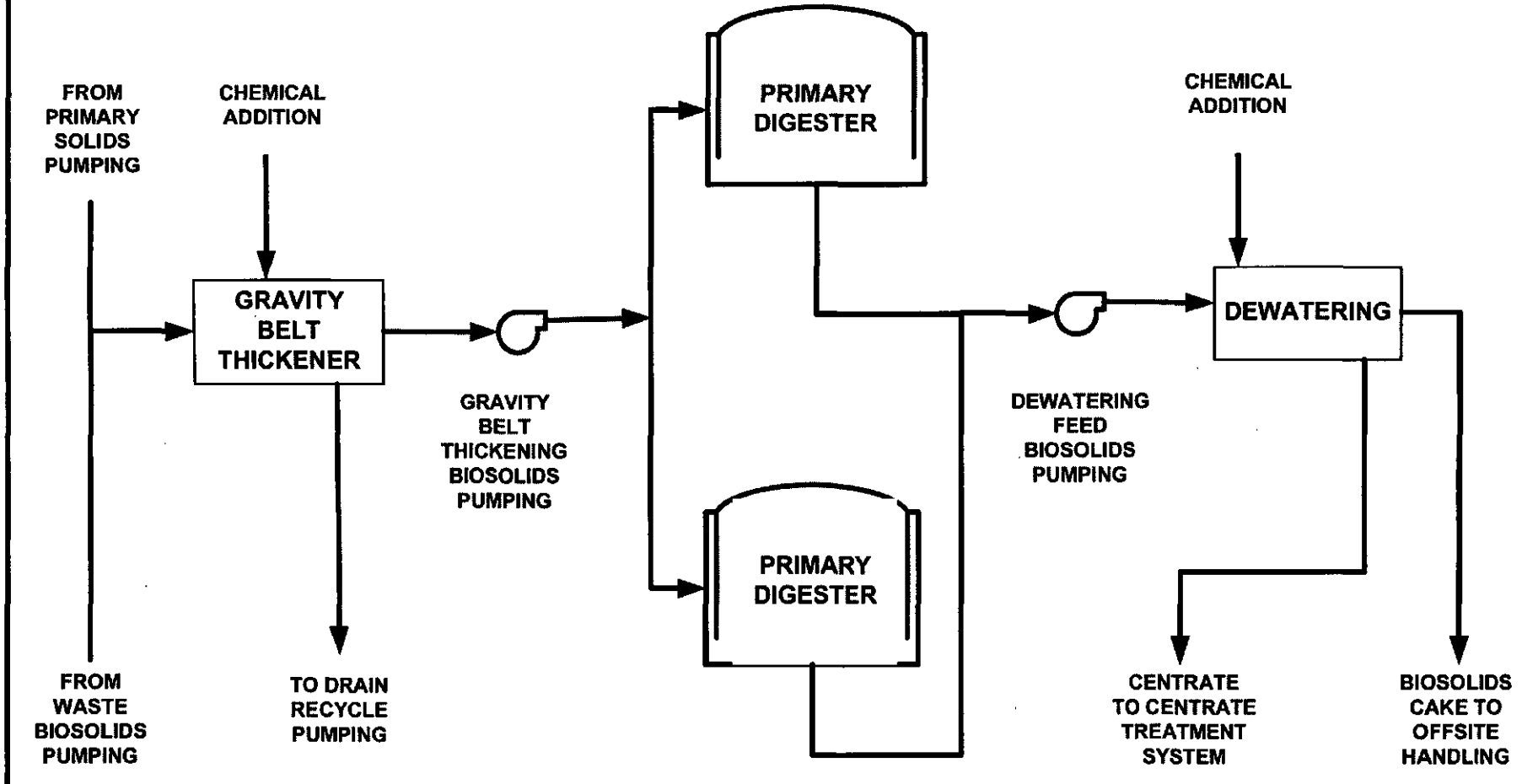
POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				



Location Map
for
Nansemond TP

June 2003 **Scale: 1"-2000'** **USGS Map Reference**

NANSEMOND TREATMENT PLANT
SOLIDS HANDLING FLOW DIAGRAM
HAMPTON ROADS SANITATION DISTRICT



Nansemond STP Biosolids Data VA0081299

Section 8.A - Pollutant Concentrations

Parameter	Se	As	Mo	Zn	Pb	Ni	Hg	Cu	Cd	Cr
Unit	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
1/5/11	3	<12	16	906	18	17	0.8	396	3	25
2/2/11	3	<14	13	806	17	13	0.8	347	<2.8	18
3/2/11	3	<14	11	716	13	12	0.7	303	3	16
4/6/11	3	<14	12	828	15	13	0.8	308	<2.7	17
5/4/11	3	<13	11	739	13	12	0.5	277	<2.7	15
6/1/11	4	<13	11	815	14	14	0.5	292	<2.7	16
7/6/11	4	<16	11	892	15	16	0.6	333	<2.6	18
8/3/11	3	<15	10	873	13	14	1.0	334	<2.5	18
9/7/11	3	<15	16	1010	23	22	1.0	417	<2.4	22
10/5/11	3	<16	13	884	22	21	0.5	378	<2.6	22
11/2/11	3	<16	11	873	19	19	0.7	364	<2.7	21
12/8/11	3	<17	11	773	16	18	0.4	317	3	17
Method	6020A	6010C	6010C	6010C	6010C	6010C	7471B	6010C	6010C	6010C
Report Limit (ug/l)	2.5	20	4	4	5	4	0.1	4	2	4

All values are on a dry weight basis.

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

_X_ Section A (General Information)
_X_ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
___ Section C (Land Application of Bulk Sewage Sludge)
___ Section D (Surface Disposal)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Edward G. Henifin, P.E. General Manager

Signature  Date Signed 2/6/2012

Telephone number 757-460-4242

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 3575 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. **Not applicable**
   a. Facility name:
   b. Contact Person:
      Title:
      Phone
   c. Mailing address:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:_____
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility: 0 in 2010 dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      __Class A __X_Class B __Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Solids are digested between 15 days at 35 to 55 degrees Celsius and 60 days at 20 degrees Celsius
   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      __ Option 1 (Minimum 38 percent reduction in volatile solids)
      __ Option 2 (Anaerobic process, with bench-scale demonstration)
      __ Option 3 (Aerobic process, with bench-scale demonstration)
      __ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      __ Option 5 (Aerobic processes plus raised temperature)
      __ Option 6 (Raise pH to 12 and retain at 11.5)
      __ Option 7 (75 percent solids with no unstabilized solids)
      __ Option 8 (90 percent solids with unstabilized solids)
      _X_ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: If land applied, the solids are tested for VAR option 1. If 38% reduction is not met, then biosolids are incorporated into the soil within 6 hours of application. Land application is used only if incineration, composting or landfilling are not available.
   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). **Not applicable**
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: _____ dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
      __Yes __No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land. **Not applicable**
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons
   b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending. **Alternative Plan-used if incineration, composting or landfilling is not available. See attached sheet for information regarding sending offsite for composting.**
(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)
   a. Receiving facility name: HRSD Atlantic STP
   b. Facility contact: Jamie Mitchell
      Title: Chief of Technical Services Division
      Phone: 757-460-4220
   c. Mailing address:
      Street or P.O. Box: 1436 Air Rail Avenue
      City or Town: Virginia Beach State: VA Zip: 23455
   d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 0 dry metric tons
   e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
VA0081248	VPDES

   f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? __Yes X No
      Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
      __Class A __Class B X Neither or unknown
      Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:_____.
   g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? __Yes X No
      Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
      __ Option 1 (Minimum 38 percent reduction in volatile solids)
      __ Option 2 (Anaerobic process, with bench-scale demonstration)
      __ Option 3 (Aerobic process, with bench-scale demonstration)
      __ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      __ Option 5 (Aerobic processes plus raised temperature)
      __ Option 6 (Raise pH to 12 and retain at 11.5)
      __ Option 7 (75 percent solids with no unstabilized solids)
      __ Option 8 (90 percent solids with unstabilized solids)
      X None unknown
      Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: Biosolids are incorporated into the soil within 6 hours if they do not meet VAR Option 1 requirements.
   h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
      X Yes __No
      If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above: Biosolids may be mixed with biosolids already on the storage pad at the Atlantic STP prior to land application.
   i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? _X_Yes __No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? _X_ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Truck would travel 664S to 264E in Virginia Beach. Exit 264E at Birdneck Road and proceed to General Booth Boulevard. Turn left on Dam Neck Road and then take right at Bold Ruler Drive. Turn left on Firefall Drive and follow road to the end. Transport would be during daytime business hours.

7. Land Application of Bulk Sewage Sludge. **Not applicable**

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons. 2010 estimate

b. Do you identify all land application sites in Section C of this application? ___Yes ___No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? ___Yes ___No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

6. Shipment Off Site for Treatment or Blending. **Alternative Plan-used if incineration, land application or landfilling is not available**

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name: McGill Environmental Systems

b. Facility contact: Bob Broom
Title: Manager
Phone: 757-647-6052

c. Mailing address:
Street or P.O. Box: 5056 Beef Steak Road
City or Town: Waverly State: VA Zip: 23890

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 0 dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
VDH BUR 154	Biosolids Use Facility Operation Permit

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? X Yes __No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
X Class A __Class B __Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Positive aerated static pile indoor composting which blends amendments includeing yard waste, wood chips and wastewater treatment solids.

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? X Yes __No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
__ Option 1 (Minimum 38 percent reduction in volatile solids)
__ Option 2 (Anaerobic process, with bench-scale demonstration)
__ Option 3 (Aerobic process, with bench-scale demonstration)
__ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
X Option 5 (Aerobic processes plus raised temperature)
__ Option 6 (Raise pH to 12 and retain at 11.5)
__ Option 7 (75 percent solids with no unstabilized solids)
__ Option 8 (90 percent solids with unstabilized solids)
__ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: Solids are treated in aerobic process for at least 14 days. During the time, the minimum temperature of the solids is higher than 40 degrees Celsius and the average temperature exceeds 45 degrees Celsius

j. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
X Yes __No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above: Compost is cured outdoors for approximately 30 days. It is remixed and placed in aerated windrows. Wood chips are screened out of the product before distribution.

k. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? X Yes __No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

l. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? X Yes ___ No. If no, provide description and specification on the vehicle used

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Truck would travel down 664S and take entrance ramp to to Route 58W. Take exit for 460W to Waverly. Turn left on Cabin Point Road and turn onto Beef Steak Road.

7. Land Application of Bulk Sewage Sludge. **Not applicable**

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons. 2010 estimate

b. Do you identify all land application sites in Section C of this application? __Yes __No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? __Yes __No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal. **Not applicable**

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
__Yes __No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: __Site Owner __Site operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	
_____	

NOTICE AND NECESSARY INFORMATION (NANI)

Facility:	Nansemond Treatment Plant	
Biosolids Type:	Anaerobically Digested	
Monitoring Period:	From:	To:

A. **Pathogen Reduction (40 CFR.503.32) – Indicate the level achieved:**
Class B*

*Temperature between 35 degrees C to 55 degrees C (95 – 131 degrees F) at 15 days and 20 degrees C (68 degrees F) at 60 days.

Comments:

B. **Vector Attraction Reductions (40 CFR.503.33) – Indicate the option performed:**

- ☐ Option 1 Meet 38% reduction in volatile solids content
- ☐ Option 2 Demonstrate vector attraction reduction with additional anaerobic digestion in a bench-scale unit
- ☐ Option 3 Demonstrate vector attraction reduction with additional aerobic digestion in a bench-scale unit
- ☐ Option 4 Meet a specific oxygen uptake rate for aerobically digested biosolids
- ☐ Option 5 Compost processes at greater than 40°C for 14 days or longer.
- ☐ Option 6 Alkali addition under specified aconditions
- ☐ Option 7 Dry biosolids with unstabilized solids to at least 75 percent solids
- ☐ Option 8 Dry biosolids with unstabilized solids to at least 90 percent solids
- ☐ Option 9 Inject biosolids beneath the soil surface
- ☐ Option 10 Incorporate biosolids into the soil within 6 hours of application to or placement on the land

Comments:

C. **Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or these persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title:	**Area Code and Telephone Number:**
Signature:	**Date Signed:**

MONTHLY PLANT OPERATIONS REPORT
HAMPTON ROADS SANITATION DISTRICT

Nansemond
November, 2011
12/9/11 6:09 PM

	N U T R I E N T S						S O L I D S			M E T A L S													
	1	4	5	6	7	8	9	10	11	12	13	14	15	16	18	19	20	21	22	24	25	26	27
DATE	pH	T-P	NH3	NOX	ORG-N	TKN	TS	% VOL	Fixed Solids	As	Ag	Hg	Mo	Se	Cd	Cr	Cu	Fe	K	Mn	Ni	Pb	Zn
		mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg	%TS		%	mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg	mg/Kg
Tue-01																							
Wed-02	8.29	24600	11500	14	65700	77200	18.3	75	25.00	<16	<1.4	0.7	11	3	<2.7	21	364	19100	4410	154	19	19	873
Thu-03																							
Fri-04																							
Sat-05																							
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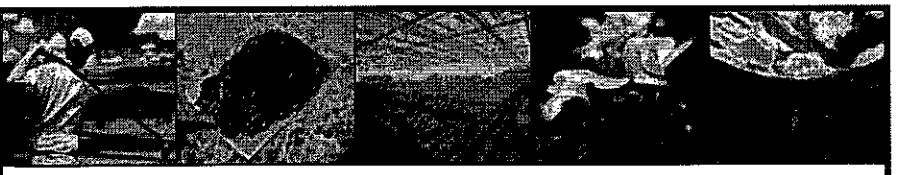
Fri-25																							
Sat-26																							
Sun-27																							
Mon-28																							
Tue-29																							
Wed-30																							
TOTAL																							
MAX	8.29	24600	11500	0	65700	77200	18.3	75	25.00	0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0
MIN	8.29	24600	11500	0	65700	77200	18.3	75	25.00	0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0
AVG	8.29	24600	11500	0	65700	77200	18.3	75	25.00	0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0

McGILL
The compost people®



Soil Builder compost

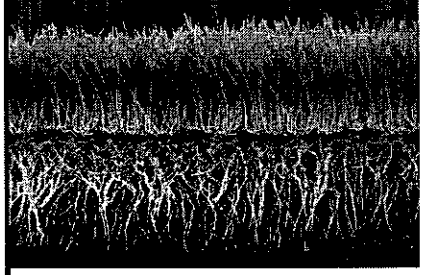
100% quality compost for use as a top-dressing, soil amendment, or mix ingredient.

- Loose, even texture
- No chunks of wood or bark
- Deep brown in color
- Moist — not dry or soggy
- Pleasant, earthy aroma

Use up to 30% McGill *Soil Builder* compost in blends and mixes or up to 1/4 inch as a topdressing. As a soil amendment, apply 1 inch of compost for every 3-4 inches of desired incorporation depth.

USES

- Sports turf
- Landscaping and gardening
- Sediment and erosion control
- Hay and pasture
- Commercial fruit and vegetable production
- Container mixes
- Manufactured topsoil
- Landfill cover
- Constructed wetlands



McGill *Soil Builder*	BENEFIT
Holds water, drains faster	The addition of compost boosts the water-holding capacity of soils. Compost helps keep moisture at the root zone where your plants need it, but the physical properties of compost (loose and porous) also allow water to percolate quickly through the soil after heavy rains or overwatering.
Improves soil structure	High organic matter content, essential to many soil processes and the soil organisms which live there, has been show to boost yields while lowering input of chemicals.
High Cation Exchange Capacity (CEC or slow release)	Holds the nutrients you apply at the root zone and releases them slowly over time.
Neutral pH	pH influences nutrient availability and most plants prefer pH in the 6-7.5 range (7 is neutral).
Climate-controlled processing	Year-round availability. Produces a uniform, consistent product delivering predictable results.

www.mcgillcompost.com

Don't buy topsoil — make McGill soil!

Traditionally, most development projects start with the stripping away of all topsoil. What remains is a subsoil of inferior quality, often incapable of maintaining healthy grasses and ornamentals. Make your own topsoil by blending one part McGill *Soil Builder* compost with two parts native soil.

1 in. of compost = 3 cubic yards/1000 sq. ft.
or 135 cubic yards/acre

US COMPOSTING COUNCIL
Seal of Testing Assurance

McGill Environmental Systems

P.O. Box 61
Harrells
NC 28444 (910) 532-2539

Product Identification Compost
Chatham Soil Builder

Date Sampled/Received: 28 May. 09 / 29 May. 09

COMPOST TECHNICAL DATA SHEET

LABORATORY: Soil Control Lab; 42 Hangar Way; Watsonville, CA 95076 *tel:* 831.724.5422 *fax:* 831.724.3188

Compost Parameters	*Reported as (units of measure)*	*Test Results*	*Test Results*
Plant Nutrients:	%, weight basis	Not reported	Not reported
Moisture Content	%, wet weight basis	35.2	
Organic Matter Content	%, dry weight basis	34.0	
pH	units	7.71	
Soluble Salts *(electrical conductivity EC $_s$)*	dS/m (mmhos/cm)	7.1	
Particle Size or Sieve Size	maximum aggregate size, inches	0.38	
Stability Indicator *(respirometry)*			*Stability Rating:*
CO_2 Evolution	mg CO_2-C/g OM/day	1.8	Very Stable
	mg CO_2-C/g TS/day	0.61	
Maturity Indicator (bioassay)			
Percent Emergence	average % of control	100.0	
Relative Seedling Vigor	average % of control	100.0	
Select Pathogens	PASS/FAIL: per US EPA Class A standard, 40 CFR § 503.32(a)	Pass	*Fecal coliform*
		Pass	*Salmonella*
Trace Metals	PASS/FAIL: per US EPA Class A standard, 40 CFR § 503.13, Tables 1 and 3.	Pass	*As,Cd,Cr,Cu,Pb,Hg*
			Mo,Ni,Se,Zn

Participants in the US Composting Council's Seal of Testing Assurance Program have shown the commitment to test their compost products on a prescribed basis and provide this data, along with compost end use instructions, as a means to better serve the needs of their compost customers.

Laboratory Group: May.09 E Laboratory Number: 9050803-1/1

Analyst: Assaf Sadeh www.compostlab.com

McGill Soil Builder, the base ingredient of all McGill product formulations, is certified under the U.S. Composting Council Seal of Testing Assurance (STA) program. For more about the STA, contact your McGill representative.

McGILL
The compost people®

McGill *Soil Builder* compost

Building healthy soil is an ongoing process. By making healthy soil a focus at the beginning, you will have a head start on creating a sustainable organic growing media.

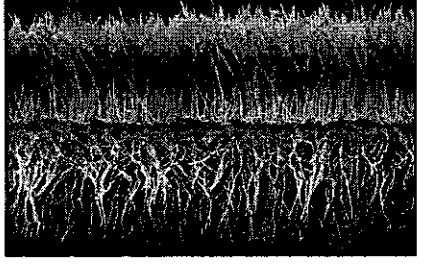
- Compost distributes water laterally as well as vertically
- Compost holds moisture and nutrients at the root zone
- Compost adds pore space to promote drainage
- Compost creates a welcoming environment for earthworms and beneficial microbes

COMPOST SALES

Carolina Coast
910-532-2539

Carolina Piedmont
919-362-1161

Mid-Atlantic
804-832-8820



9. Incineration. **Primary method of biosolids disposal**

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: 3575 dry metric tons 2011 estimate

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? X Yes ___No

If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:

10. Disposal in a Municipal Solid Waste Landfill. **Alternative Plan used if incineration, composting, or land application is not available.**

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Bethel Landfill

b. Contact person: Howard Burns
Title: Landfill Supervisor
Phone: (757)766-3033
Contact is: X Landfill Owner ___Landfill Operator

c. Mailing address.
Street or P.O. Box: 100 North Park Lane
City or Town: Hampton State: VA Zip: 23666

d. Landfill location.
Street or Route #: 100 North Park Lane
County:
City or Town: Hampton State: VA Zip: 23666

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: 0 dry metric tons 2010 estimate

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
580	DEQ- Solid Waste Division

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? X Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? X Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? X Yes ___ No

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Biosolids would be transported via 664 to 64 until exit 261. Turn right on Big Bethel Road and turn left on North Park Lane. Transport would occur during daytime business hours of the landfill.

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:
The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or
The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or
You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).
Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1. Identification of Land Application Site. **Not applicable**
   a. Site name or number:
   b. Site location (Complete i and ii)
      i. Street or Route#:
      County:
      City or Town: __State: _____ Zip:
      ii. Latitude:_____Longitude:
      Method of latitude/longitude determination
      _____ USGS map _____ Filed survey _____ Other
   b. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

2. Owner Information.
   a. Are you the owner of this land application site? __Yes __X__No
   b. If no, provide the following information about the owner:
      Name:
      Street or P.O. Box:
      City or Town: _____ State:_____ Zip:
      Phone: ( )

3. Applier Information:
   a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? __X__Yes __No
   b. If no, provide the following information for the person who applies the sewage sludge:
      Name:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
      Phone: ( )
   c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:

Permit Number:	Type of Permit:
_____	_____
_____	_____
_____	_____

4. Site Type. Identify the type of land application site from among the following:
   __Agricultural land __Reclamation site __Forest
   __Public contact site __Other. Describe

5. Vector Attraction Reduction.
   Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
   ___Yes ___No If yes, answer a and b.
   a. Indicate which vector attraction reduction option is met:
      __ Option 9 (Injection below land surface)
      __ Option 10 (Incorporation into soil within 6 hours)
   b. Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:

6. Cumulative Loadings and Remaining Allotments.

(Complete Question 6 only if the sewage sludge applied to this site since July 20, 1993 is subject to the cumulative pollutant loading rates (CPLRs) - see instructions.)

a. Have you contacted DEQ or the permitting authority in the state where the sewage sludge subject to the CPLRs will be applied to ascertain whether bulk sewage sludge subject to the CPLRs has been applied to this site since July 20, 1993? __Yes __No
If no, sewage sludge subject to the CPLRs may not be applied to this site.
If yes, provide the following information:
Permitting authority:
Contact person:
Phone:( )

b. Based upon this inquiry, has bulk sewage sludge subject to the CPLRs been applied to this site since July 20, 1993? __Yes __No If no, skip the rest of Question 6. If yes, answer questions c - e.

c. Site size, in hectares: _____ (one hectare = 2.471 acres)

d. Provide the following information for every facility other than yours that is sending or has sent sewage sludge subject to the CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.
Facility name:
Facility contact:
Title:
Phone: ( )
Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

e. Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants:

	Cumulative loading	Allotment remaining
Arsenic	_____	
Cadmium	_____	
Copper	_____	
Lead	_____	
Mercury	_____	
Nickel	_____	
Selenium	_____	
Zinc	_____	

Complete Questions 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required by these questions may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as indicated under Section A.7) who is responsible for the operation.

7. Sludge Characterization. Use the table below or a separate attachment, provide at least one analysis for each parameter.

PCBs (mg/kg)
pH (S. U.)
Percent Solids (%)
Ammonium Nitrogen (mg/kg)
Nitrate Nitrogen (mg/kg)
Total Kjeldahl Nitrogen (mg/kg)
Total Phosphorus (mg/kg)
Total Potassium (mg/kg)
Alkalinity as $CaCO_3$* (mg/kg)

* Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent $CaCO_3$.

8. Storage Requirements.

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
   1) Water wells, abandoned or operating
   2) Surface waters
   3) Springs
   4) Public water supply(s)
   5) Sinkholes
   6) Underground and/or surface mines
   7) Mine pool (or other) surface water discharge points
   8) Mining spoil piles and mine dumps
   9) Quarry(s)
   10) Sand and gravel pits
   11) Gas and oil wells
   12) Diversion ditch(s)
   13) Agricultural drainage ditch(s)
   14) Occupied dwellings, including industrial and commercial establishments
   15) Landfills or dumps
   16) Other unlined impoundments
   17) Septic tanks and drainfields
   18) Injection wells
   19) Rock outcrops

b. A topographic map of sufficient detail to clearly show the following information:
   1) Maximum and minimum percent slopes
   2) Depressions on the site that may collect water
   3) Drainageways that may attribute to rainfall run-on to or runoff from this site
   4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding

c. Data and specifications for the storage facility lining material.

d. Plan and cross-sectional views of the storage facility.

e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.

9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application.

10. Landowner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.

11. Ground Water Monitoring.

Are any ground water monitoring data available for this land application site? ___Yes ___No

If yes, submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

12. Land Application Site Information.

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)

a. Provide a general location map for each county which clearly indicates the location of all the land application sites.

b. For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.

c. In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U. S. Fish and Wildlife Service
Virginia Field Office
P. O. Box 480
White Marsh, VA 23183
TEL: (804)693-6694

Provide a copy of the notification letter with this application form.

d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)
Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.

1) Soil symbol
2) Soil series, textural phase and slope range
3) Depth to seasonal high water table
4) Depth to bedrock
5) Estimated soil productivity group (for the proposed crop rotation)

Item e - h are required for sites receiving frequent application of sewage sludge

e. In order to verify the information provided in item d, characterize the soil at each land application site. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:

1). Soil symbol
2). Soil series, textural phase and slope range
3). Depth to seasonal high water table
4). Depth to bedrock
5). Estimated soil productivity group (for the proposed crop rotation)

f. Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)
Soil pH (std. units)
Cation Exchange Capacity (meq/100g)
Total Nitrogen (ppm)
Organic Nitrogen (ppm)
Ammonia Nitrogen (ppm)
Nitrate Nitrogen (ppm)
Available Phosphorus (ppm)
Exchangeable Potassium (mg/100g)
Exchangeable Sodium (mg/100g)
Exchangeable Calcium (mg/100g)
Exchangeable Magnesium (mg/100g)
Arsenic (ppm)
Cadmium (ppm)
Copper (ppm)
Lead (ppm)
Mercury (ppm)
Molybdenum (ppm)
Nickel (ppm)
Selenium (ppm)
Zinc (ppm)
Manganese (ppm)
Particle Size Analysis or
USDA Textural Estimate (%)

g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.

h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

SECTION D. SURFACE DISPOSAL **Not Applicable**

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

1. Information on Active Sewage Sludge Units.
   a. Unit name or number:
   b. Unit location
      i. Street or Route#:
      County:
      City or Town: _____ State: _____ Zip:
      ii. Latitude:_____ Longitude:
      Method of latitude/longitude determination
      _____ USGS map _____ Filed survey _____ Other
   c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
   d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____dry metric tons.
   e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____ dry metric tons.
   f. Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1×10^{-7}cm/sec? __Yes __No If yes, describe the liner or attach a description.

   g. Does the active sewage sludge unit have a leachate collection system? __Yes __No
   If yes, describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:

   h. If you answered no to either f or g, answer the following:
   Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? __Yes __No If yes, provide the actual distance in meters:
   i. Remaining capacity of active sewage sludge unit, in dry metric tons:_____ dry metric tons
   Anticipated closure date for active sewage sludge unit, if known:_____ (MM/DD/YYYY)
   Provide with this application a copy of any closure plan developed for this active sewage sludge unit.

2. Sewage Sludge from Other Facilities.
   Is sewage sludge sent to this active sewage sludge unit from any facilities other than yours? __Yes __No
   If yes, provide the following information for each such facility, attach additional sheets as necessary.
   a. Facility name:
   b. Facility contact:
   Title:
   Phone: ( )
   c. Mailing address.
   Street or P.O. Box:
   City or Town:_____ State:_____ Zip:
   d. List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the facility's sewage sludge management practices:
   Permit Number: Type of Permit:
   _____
   _____
   e. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?
   __Class A __Class B __Neither or unknown
   f. Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:

g. Which vector attraction reduction option is achieved before sewage sludge leaves the other facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None or unknown

h. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge:

i. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in e - h above:

3. Vector Attraction Reduction.

a. Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?
___ Option 9 (Injection below land surface)
___ Option 10 (Incorporation into soil within 6 hours)
___ Option 11 (Covering active sewage sludge unit daily)

b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

4. Ground Water Monitoring.

a. Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring data otherwise available for this active sewage sludge unit? ___Yes ___No
If yes, provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

b. Has a ground water monitoring program been prepared for this active sewage sludge unit?
___Yes ___No If yes, submit a copy of the ground water monitoring program with this application.

c. Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated? ___Yes ___No
If yes, submit a copy of the certification with this application.

5. Site-Specific Limits.

Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?
___Yes ___No If yes, submit information to support the request for site-specific pollutant limits with this application.

HRSD

Cleaning wastewater every day for a better Bay.

February 7, 2012

HAND-DELIVERED

RECEIVED – DEQ
FEB 0 7 2012
Tidewater Regional Office

Deanna Austin
Dept of Environmental Quality
5636 Southern Blvd
Virginia Beach, VA 23462

RE: Nansemond STP VA0081299 VPDES Permit Application Revision

Dear Mrs. Austin,

It has been brought to HRSD"s attention that the industrial users information included in the Nansemond STP VPDES permit application submitted on February 6, 2012 was not accurate. Enclosed as the corrected copies for Part F of Form 2A VPDES permit application. A compact disk containing a complete Form 2A application with the corrected industrial discharger information is also included in this correspondence. HRSD apologizes for the inconvenience caused by this error.

Please contact me immediately if you have any questions.

Sincerely,

Sharon Nicklas
Permits Manager

Enclosures

Water Quality Department • PO Box 5911, Virginia Beach, VA 23471-0911 • 757.460.7004 • Fax 757.318.6452

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 6

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Town of Smithfield - South Church Street Water Treatment Facility

Mailing Address: 1802D South Church Street
Smithfield, VA 23431

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Reverse Osmosis

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Drinking water

Raw material(s): Ground water

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

180,000 gpd (✓ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,100 gpd (✓ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

If subject to categorical pretreatment standards, which category and subcategory?

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FEB 0 7 2012
Tidewater Regional Office

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 6

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Southeastern Public Service Authority of Virginia, Regional Landfill

Mailing Address: 1 Bob Foeller Drive
Suffolk, VA 23434

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Solid waste landfill

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): None

Raw material(s): None

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

59,000 gpd (___ continuous or ✓ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

950 gpd (___ continuous or ✓ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 6

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: The Smithfield Packing Company, Inc. - North, South and Smithfield Ham and Product Div.

Mailing Address: Route 10
Smithfield, VA 23430

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Pork processing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Pork products

Raw material(s): Hogs

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,955,000 gpd (✓ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

85,000 gpd (✓ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 6

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Kraft Foods Global, Incorporated

Mailing Address: 245 Culloden Street
Suffolk, VA 23434

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Peanut related products processing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Peanuts, treenuts, and trail mix products

Raw material(s): Peanuts, treenuts, trail mix, xanthan gum, honey, corn syrup, peanut oil, salt, sugar

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

36,000 gpd (___ continuous or ✓ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

7,000 gpd (___ continuous or ✓ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
Nansemond STP VA0081299

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 6

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: JMS Foodservice, LLC - Suffolk

Mailing Address: 1368 Progress Road
Suffolk, VA 23434

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Coffee manufacturing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Liquid coffee product

Raw material(s): Roasted coffee beans

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

135,000 gpd (✓ continuous or ___ intermittent)

b. *Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.*

18,500 gpd (✓ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 6

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: BASF Corporation - Suffolk

Mailing Address: 2301 Wilroy Road
Suffolk, VA 23434

F.4. *Industrial Processes.* *Describe all of the industrial processes that affect or contribute to the SIU's discharge.*

Organic chemicals manufacturing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Lq. Dispersions & Emulsions, Polymers, dispex & glascol products, intermediates

Raw material(s): Acrylamide, acrylonitrile, acrylic acid, caustic soda, naphthol spirits

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

72,000 gpd (✓ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

64,000 gpd (✓ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

Organic chemicals, plastics and synthetic fibers

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. *Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).* *Provide the number of each of the following types* of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 6

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Astro Pak Corporation

Mailing Address: 1624 Steel Street
Chesapeake, VA 23323

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Cleaning, phosphating and passivation of stainless steel components

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): None

Raw material(s): N/A

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,600 gpd (___ continuous or ✓ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

300 gpd (___ continuous or ✓ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

Metal finishing

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ✓ Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 6

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: U.S. Amines (Portsmouth) LLC

Mailing Address: 3230 West Norfolk Road
Portsmouth, VA 23703

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Organic chemicals manufacturing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): MALA, DALA, TALA, NEMALA, Diamine

Raw material(s): Allyl chloride, ammonia, methallyl chloride, monoethylamine, t-butylamine, ethylene diCl

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

110,600 gpd (✓ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

20,400 gpd (✓ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

Organic chemicals, plastics and synthetic fibers

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 6

b. Number of CIUs. 3

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Wanchese Fish Company, Incorporated

Mailing Address: 2000 Northgate Commerce Parkway
Suffolk, VA 23435

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Seafood processing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Packaged frozen food

Raw material(s): Scallops, shrimp and fish

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

41,000 gpd (✓ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

3,000 gpd (✓ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE